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ABSTRACT

The authors describe their efforts to produce a global assessment scale for young emotionally disturbed children derived from an integrated synthesis of developmental theories. Charts outline developmental stages, zones, modes, and dominant traits or characteristics of five major theorists (S. Freud, E. Erikson, A. Maslow, J. Piaget, and F. Hewitt). The paper concludes with an outline of the needs of children in three developmental stages (up to 6 years). (CL)

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APPLICATION OF PSYCHOANALYTIC, COGNITIVE,
PSYCHOSOCIAL AND OTHER THEORIES IN THE
DEVELOPMENTALLY INTEGRATED ASSESSMENT
AND TREATMENT OF EMOTIONALLY
DISTURBED CHILDREN

The purpose of this paper is to suggest that educators of emotionally disturbed children will, in the near future, be expected to perform as "clinically sophisticated pathologists of the ('treatment') learning process" (Kubie). As the gap in knowledge between education and psychology narrows and continued emphasis is placed on applying developmental theory into integrative practice by lay clinicians, teachers will inherit a form of responsibility for the education and treatment of disturbed children that will mandate major expansions in their current level and degree of training. Academic research continues to convince educators that we must be accountable for the education of the whole child. This concept directly implies then that we be capable of

- 1) accurately assessing each child in all aspects of his total unique being and
- 2) applying this evaluative knowledge of each child with the use of interventions that have sound theoretical roots.

While this new responsibility will fall on all teachers, it will have a parti-

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cular influence on special educators in the field of emotional disturbance.

Since the inception of the practice of training people to become teachers of the emotionally disturbed, much confusion has occurred as to a clear-cut explanation of just what should be this teacher's role? What evolved was the belief that a teachers primary goal is to have students learn but that in the case of emotional disturbance, it became readily apparent that special practices would have to be utilized in order for the teachers to perform their roles. Thus, these teachers were exposed to the various theories and methodologies (psycho-education, behavior modification, etc.) adapted from developmental and learning theories and then left to decide for themselves which method to use in their classes. These methods then (some rooted in theory, others not) were used to treat and/or control the disturbance if and when it was in the way of academic learning. Assessments of personality ranged from the counting of systematic expressions of behavior (baselines) to generalized psychodynamic appraisals that trained clinicians continue to argue is not, on the basis of training, within the realm of the special education teacher. This belief served to strengthen the rationale that the crux of therapeutic meaningfulness resided in the "pressurized cabin" (Redl) and that the teacher, who

lived with the disturbance during the most active waking hours of the child, was to avoid active interaction with the child's psychic apparatus. With experience however, educators found that to be effective in teaching the academic curriculum, one also had to be effective in re-educating the child's internal psychological curriculum. Awareness of this fact however, preceded the availability of the clinical knowledge held by these educators. Behavior modification principles and techniques were instituted on a large scale as a means of putting theory into practice. While they provided the teacher with a structured program their roots in learning theory which rely too heavily on surface symptomatic expressions of behavior only, leave large, gaping holes in attempts at total theoretical synthesis. One cannot ignore the works of Freud, Piaget or Erikson. It is for these reasons that the authors propose that the following integrated developmental framework serve as a model for therapeutic intervention with disturbed children. The authors suggest a whole child paradigm rooted in valid and reliable normative assessments by lay-clinicians of a child's actual functioning levels in the social, emotional and cognitive realms. Using this data, the authors move towards providing a tested theory of interventions directly consonant with developmental theoretical formulations. These will be discussed ahead in this

paper.

It appears that the major problem today facing educators of emotionally disturbed children has been one of assessment. As stated earlier, this has been the responsibility of the trained clinician. Excepting the very sophisticated developmental profile devised by Anna Freud and used solely by trained clinicians, most other assessment tools merely serve as diagnostic indicators and lack applicability and practicality to the lay clinician. This problem in translation from theory to practical applicability aptly describes the infamous 'gap' not often discussed enough in the field of educational psychology today.

Currently in wide scale use are what educators call performance objectives. Segmented into various academic and behavioral task expectations for special children, they provide a generalized list of sequential goals that one would obviously hope all children would attain. However, these behavioral goals are not linked to any specific developmental hierarchies and furthermore, offer no guidelines for technique and methodological interventions. That is, while these behavioral objectives identify some of the child's problems and hint towards what improvement would represent, they do not tell how one would systematically assist the child in meeting these behavioral goals.

Surely, the need for a model that can begin to effectively mesh developmental theories of the cognitive, social and emotional realms is apparent as one reviews the statements of some of the field's more credible professionals.

"Despite the importance of development for all aspects of child behavior, there is no single clear-cut developmental model for psychopathology in children."
(Achenbach, 1974)

"Attempts have been made to reconcile the Freudian ideas of development with Piaget's work but there has been little extension of Piagetian theory to psychopathology in children." (Achenbach, 1974).

". . . I am convinced that there will be a time when the psychology of the cognitive functions and psychoanalysis will have to blend into a general theory which will improve both by correcting each . . ."
(Piaget, 1973)

"The neurotic is not only emotionally sick . . . he is cognitively wrong." (Maslow)

". . . it is not possible to understand a disorder or a developmental arrest without having a sufficient knowledge of the ensemble of elements that has brought it about. At each level of development, . . . and without carefully and fully considering this interdigitating whole, it is not easy to disentangle the mechanisms

involved in any particular functional disintegration."
(Piaget, 1975)

"As far as psychoanalysis and education in their interrelationships are concerned, the real issues are still before us." (Redl, 1969)

Thankfully however, the efforts of Peter Neubauer and Dorothy Flapan in their work on establishing social and emotional developmental norms for young children, may provide the necessary framework for integrating theories of evaluation. Their Assessment Outline of Early Childhood Development now offers the lay clinician a tool for measuring developmental progression in these realms. While based on normative characteristics of the development of young children, the scale has serious potential for assessing emotionally disturbed children of all ages who are displaying quantitative and qualitative developmental interferences. That is, just as those who work in the fields of physical, intellectual and language/speech development use developmental normative scales for diagnostic and prescriptive purposes, so now can the professional working in the area of emotional disturbance, where affective and social interference or delay are visibly apparent, in quantity/or quality.

Therefore, using the Neubauer/Flapan work as a starting point, the authors have developed a model which verifies and expands on the theoretical rationale of the

Neubauer/Flapan scale and begins the long overdue work for establishing a theory of interventions derived from an integrated synthesis of developmental theories.

A visual explanation of the authors' work towards synthesis is provided for in Figures 1-1, 1-2, 1-3, and 1-4.

FIGURE 1-1

STAGE THEMES

Stages via Developmental ages	Theorists				
	Freud	Erikson	Maslow	Piaget	Hewett
0-1½	oral	trust vs. mistrust	security	sensori-motor	attention
1½-3	anal	autonomy vs. shame & doubt	self esteem, safety	pre-operational	response and order
3-4½	phallic	initiative vs. guilt	need for be- longing & love	pre-operational	exploratory
4½-6	oedipal	initiative vs. guilt	inclusion	pre-operational	social

FIGURE 1-2

Theorist	<u>Freud</u>	<u>Erikson</u>	<u>Maslow</u>	<u>Piaget</u>	<u>Hewett</u>	<u>Commonalities</u>
Theory	psychoanalytic psychosexual	psychoanalytic psychosocial	humanistic intrapersonal	cognitive per- ception & thought	behavioristic educational	development of domain through hier- archy of stages
Stage Name	oral	trust vs. mistrust	security	sensori-motor	attention	basic aware- ness of self- within world
Age Developmental	0-1½	0-1½	0-1½*(D.A.)	0-1½ or 2	0-1½*(D.A.)	0-1½
Zones	oral respira- tory sensory kinesthetic	mouth & senses	whole self	mouth & senses	whole child	receptors, especially mouth
Modes	1. oral incorporation 2. oral aggression	incorporation	introjection	assimilation dominates (some accom- modation) active adap- tion to world	reception	assimilation, intake of stimuli, some active rejec- ting & adap- ting, getting
Radius of Significant Objects	mother	mothering figure	primary object	self & impor- tant objects	1:1, child: tender	self & nur- turing person

FIGURE 1-2- (cont.)

Theorist	Freud	Erikson	Maslow	Piaget	Hewett	Commonalities
Dominant traits & main characteristics	normal autism & symbiosis id dominates pleasure principle egocentric	socially isolative concerned with losing-finding getting-taking sociocentric	personally undirected vulnerable	reflexive to mouth-hand coordination to hand-eye coordination to object permanence to sequential displacements to representational concepts	inattentive or rejecting to task unmotivated	preoccupied with self, drives, impulses rule, narcissistic, uncoordinated, omnipotent
	adapts by: -incorporation -imitation -denial -avoidance -regression -withdrawal -inhibition	seeks trusts in: -self -others -environment needs: -inner certainty -inner constancy -outer predictability	seeks security: -physiological -psychological	begins to develop cause & effect, intentionality concepts learns with: -senses & motion -the here & now	needs external rewards reinforcement	receives stimuli affectively, socially, perceptually, cognitively, etc. diffuse, primitive, immature, C.N.S. Value: hope

FIGURE 1-2 (cont.)

Problems:

Developmental self stimulating oral behavior (thumbsucking, spitting, etc.), occasional eating or sleeping problems, rhythmical movements (rocking, swaying, etc.)

Severe autism, excessive fear of strangers, eating refusal, malasmus, vomiting, high degree of biting self or objects, sleep problems, i.e., nightmares, head banging, restless activity, excessive irritability, chronic depression, usually apathetic

*developmental ages

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FIGURE 1-3

Theorist	Freud	Erikson	Maslow	Piaget	Hewett	Commonalities
Stage Name	anal	autonomy vs. shame & doubt	self esteem, safety	pre-operational (beginning)	1. response 2. order	beginning to adapt self to world
Age	1½-3	1½-3	1½-3 (D.A.)	1½ or 2-3	1½-3 (D.A.)	1½-3
Zones	anal-muscular urethral	sphincter region & muscles	whole self	mouth & limbs internal thoughts	whole child	expressive holding in mechanisms
Modes	1. elimination 2. retention	1. elimination 2. retention	1. expression 2. possession	1. speech & locomotion 2. internal thought	1. responding 2. completing	1. expressing, letting go, performance 2. holding in, control, structuring, focusing
Radius of Significant Objects	parents	parental figures	primary objects	self & important objects	1:1, child: teacher	parental persons
Dominant Traits & Main Characteristics	separation-individuation, ego develops, reality principle begins, psychic instability	toilet training symbolic of control crisis, socially parallel beside others, social ego, begins oppositionalism	self respect, confidence, awareness of self & effects on world, abilities tested	begins decantation into a world, egocentric, imitative adapting, representation thinking	responds, performs, expresses (on task), structures, follows through, completes	separate identity, independence, begins to decenter affectively, socially, perceptually, cognitively, etc.

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FIGURE 1-3-(cont.)

Theorist	<u>Freud</u>	<u>Erikson</u>	<u>Maslow</u>	<u>Piaget</u>	<u>Hewett</u>	<u>Commonalities</u>
				frequent cognitive disequilibrium		"ego" in each domain, confusion at "strange new world"
	adapts by: -displacement -inhibition -projection -undoing -suppression	seeks identity, uses new found skills, tests external reality, ambivalent	needs safe & stable environment, self assertive	language, symbolic thought, perceptual reality, concrete, magical thinking, autonomous ego functions (memory...), thinks about concrete objects	decenters to task	attempts to coordinate self, imitate non-selves negative, explorative, critical, orderly traits, value: will
Problems:						
Developmental	excessive separation anxiety, night terrors, speech problems, toileting difficulties, sleep resistance, magical thinking (animism, artificialism, omnipotence), compulsions, rituals, obsessions, avoidance or flight from anxiety.					
Severe	frequent wetting, soiling or diarrhea, chewing objects, extremely aggressive, angry, & destructive, chronic constipation, refusal to toilet, self abusive, masochistic, extremely clean, orderly or hoarding, symbiosis					

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FIGURE 1-4

Theorist	Freud	Erikson	Maslow	Piaget	Hewett	Commonalities
Stage Name	1. phallic 2. oedipal	initiation vs. guilt	need for belonging & love	later pre-operational	1. exploratory 2. social	beginning mastery of world & own place in it
Ages	1. 3-4½ 2. 4½-6	3-6	3-6 (D.A.)	3-6	3-6 (D.A.)	3-6
Zone(s)	genital locomotive	genitals & locomotion	whole self	internal thought	whole child	coordinated self, especially identity
Modes	1. intrusion 2. inclusion	1. intrusion competition 2. inclusion cooperation	1. social invasion 2. membership	1. curiosity 2. accommodation dominates, problem solving	1. exploration 2. social learning	1. vigorous locomotion, aggressive movement, assertive language, consuming curiosity etc. 2. mastery & adaptation to reality
Radius of Significant Objects	basic family	basic family figures	primary objects in society	self & important objects (more as de-centration increases)	teacher & small group of peers	family or small social group

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FIGURE 1-4- (cont.)

Theorist	Freud	Erikson	Maslow	Piaget	Hewett	Commonalities
Dominant Traits & Main Characteristics	superregio develops, affective curiosity, family triangle begins to empathize strong imagination, explorations adapts by: -acting out in play & fantasy -repression -identification -isolation -pseudo-compulsions -reaction formation -sublimation	socially assertive & aggressive, then inclusive. socially competitive & then cooperative. begins to accommodate socially mastery of external world desired interested in high-low, open-closed, best-worst breaks into groups & then adapts self	social inclusion, acceptance social curiosity views self as part of larger society	cognitive accommodation increases, adapts self more to reality, begins great explorations, intuitive, tries to equilibrate perception & reality, reality based on self perceptions & concrete facts without abilities to conserve or reverse thought, motivation from affective domain	learning now in social educational setting academic curiosity performs in social setting	assertion affectively, socially, physically, cognitively, verbally, etc., accommodative in all domains, begins mastery, body image solidifies, finds direction, coordinates mind & body, all domains, value: purpose
Problems:						
Developmental	phobias, fears (of real dangers or harm), some masturbation, hair twisting, guilt over own fantasies & wishes					
Extreme	hides all fears, severe nightmares, excessive masturbation, great concern at being hurt, disruptive fears & phobias, denial of any pleasure in own body, great fear of males & or females, fear of leaving parent (school phobia, etc.), excessive guilt, fear growing up to be "bad," anxiety states					

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Description of the Model

As outlined in the preceding charts, the reader can see that the authors are concerned with a global view of the child as represented by the various theorists included. The overall purpose is to represent what appears to be the obvious interplay of the various developmental aspects of the whole child. By interplay, it is meant that there exist consistent themes, modes, zones, and characteristics typifying developmental movement in all realms. It is felt that, combined, these realms represent the total purpose or theme of each successive plateau in development.

The information on these charts also represent the developmental framework we base our intervention theory upon and, to our knowledge, much of the developmental framework used by Neubauer/Flapan in devising their assessment scales. Within the realms of social, emotional, ego, phase and superego Neubauer/Flapan measure some 23 different aspects of children's functioning in specific qualitative and quantitative fashion. Examples of aspects are relationship to mother, father, teacher, sibling, peers, groups; impulse control and frustration tolerance, superego, content of play, etc.; each detailed from Stage I through Stage IV. The completed scale is in book form (Neubauer/Flapan, 1975). Attached are sample pages from the long form of the scale.

Phase	Characteristic, expected, typical	Relationship with Teacher	
		Uncharacteristic, unexpected, untypical, pathological	
		Ranging from:	To:
1. Infant: birth to 1½ (Oral Phase)	Relates to teacher as a mother-substitute, to depend on and get his needs satisfied, to give him care and affection.	Completely unresponsive to teacher; uninvolved with teacher. Apathetic, withdrawn. Distant in relating to teacher.	Overdependent on teacher, excessively clinging, constantly trying to get contact, sympathy attention. Does not individualize teachers. Overly demanding, insistent, impatient in relating to teacher. Difficult to satisfy, usually wants more than teacher can give, complaining.
2. Toddler: 1½ to 3 (Anal Phase)	Struggle for control with teacher. Tries to tell her what to do and how to do it. At times, bossy; at times may argue, defy, be negativistic.	Fearful of teacher, apprehensive, cautious, timid, shy. Anticipates teacher will not like him or accept him and actively avoids teacher. Relationship may appear transitory, shallow, superficial.	Unfriendly to teacher, extremely negativistic, defiant. Quarrelsome with teacher, hostile, stubborn, obstinate. "Difficult" child. Much angry interaction and conflict with teacher; arguing, finding fault, scolding, provoking, teasing.
3. Differentiating Stage: 3 to 4½ (Phallic Phase)	At times may try to identify with teacher and be like her; at other times may compete with teacher. Bids for teacher's attention, admiration, praise. Able to assert own desires and ideas to teacher. Able to ask for help.	Extremely competitive with teacher. Overidentifies with teacher. Constantly seeking teacher's attention — e.g., by clowning, "acting up," "being difficult," "showing off," making excessive demands. Extremely assertive with teacher.	Ignores teacher. Avoids teacher's attention. Unable to assert himself with teacher, unable to make desires and needs known.

Phase	Characteristic, expected, typical	Uncharacteristic, unexpected, untypical, pathological	
		Ranging from:	To:
4. Family Integration: 4½ to 6 (Oedipal Phase)	Friendly in relating to teacher. Usually responsive, cooperative. Easily accepts teacher's authority and teacher's help. With awareness of his own sexual identity, boy may act "gallant," "charming," "seductive" with teacher. Girl may be coy. Shows some interest in and sensitivity to teacher's feelings, moods. Shows some concern for teacher's well-being.	Overly friendly with teacher; overly cooperative; "too nice." Has to accept teacher's authority and teacher's help. Excessive interest in and sensitivity to teacher's feelings, moods. Extreme concern for teacher's well-being.	Avoids teacher; makes active effort to stay at a distance from teacher. Unresponsive to teacher. Will not accept teacher's authority or teacher's help. No interest in or sensitivity to teacher's feelings, moods. No concern for teacher's well-being.

Delay of Gratification; Frustration Tolerance; Impulse; Control

Phase	Characteristic, expected, typical	Uncharacteristic, unexpected, untypical, pathological	
		Ranging from:	To:
Infant: birth to 1½ (Oral Phase)	Unable to wait more than a short time, needs immediate gratification. Low frustration tolerance. Intense reaction when hungry, uncomfortable, not given what he wants, can't do what he is trying to do. Deprivation elicits aggressive response. Impulsive — grabs what he wants. Little or no control over impulses. Gradually develops some capacity for delay and some capacity to be diverted.	Cannot wait even a short time. No frustration tolerance. Any frustration or delay of gratification is intolerable, and he becomes frantic. No capacity for substitute gratification; no capacity to be diverted.	Waits and waits and waits. "Takes" delay and/or frustration without reacting as expected. Mild indication of hunger, discomfort, but then appears to resign himself.
Toddler: 1½ to 3 (Anal Phase)	Developing some control over impulses. As he feels assured satisfaction will follow, he shows capacity for increasing delay of gratification. Able to wait a moderate length of time for gratification. Also, increasing capacity for substitute gratification and increasing capacity to be diverted. Moderate frustration tolerance when he is not given what he wants or can't do what he is trying to do.	No expectation of getting what he wants. Immediate, intense reaction to any frustration or interference with desires.	Inhibition of impulses. Cannot permit self to act impulsively at any time. Appears to have extremely great frustration tolerance. Inhibits overt expressions of frustration. Gives impression of great patience.

Phase	Characteristic, expected, typical	Uncharacteristic, unexpected, untypical, pathological	
		Ranging from:	To:
	Increasing control over impulses, though still some impulsivity. Increasing capacity to delay gratification and/or accept substitute gratification — though he may express his disappointment and irritation. Increasingly able to tolerate frustration of not being given what he wants and of not being able to do what he is trying to do. Increasingly able to accept limitations of reality and postponement of gratification.		
3. Differentiating Stage: 3 to 4½ (Phallic Phase)	Able to tolerate moderate amounts of anxiety and has ways of dealing with anxiety through various "defense mechanisms."	Reacts as if still in oral or anal phase (see above).	Reacts as if still in oral or anal phase (see above).
4. Family Integration: 4½ to 6 (Oedipal Phase)	Shows moderate control over impulses. Can tolerate "average" delays of gratification, can accept substitute gratification at times. Able to tolerate moderate amounts of frustration as part of daily living.	Reacts as if still in oral or anal phase (see above).	Reacts as if still in oral or anal phase (see above).

At this stage of the paper, we hope to have shown the reader that some important recent work has led to the development of a gross scale for assessment (Neubauer/Flapan, 1975) and that the authors have constructed charts designed to integrate developmental concepts into a whole-child schema that will aid in validating the developmental approach. But it is felt by us that real validation can only occur when this theory is put into practice. To do this, a stage-need hierarchy had to be established. With this, a structured and sequential host of interventions can then be applied and tested as to its validity and reliability. The authors are currently engaged in doctoral dissertation work designed to classify emotionally disturbed children into stages based on an integrated developmental assessment (Neubauer/Flapan, 1975) and to test a proposed theory of interventions sifted from this developmental framework. This research emanates from our extensive work with normal and emotionally disturbed children and represents a culmination of acquired therapeutic intervention purposes and techniques. We have now placed these methods into an integrated developmental context. They are designed to meet the child at his actual functioning level in all assessed realms and to systematically help the child move horizontally and vertically along progressive developmental stage lines. Again, the authors believe that proof of

validity of the developmental framework lies in its proven therapeutic applicability. For this reason, we advance the following system of interventions that are rooted in developmental theory and tested experientially. It is hoped this work will generate hypotheses that will continue to validate theory via proven reliability of that theory's practicality. The following proposed theory of interventions is in a rather generalized outline form in order to retain the planned scope of this paper.

FIGURE 2-1

NEEDS OF THE STAGE I CHILD: AGES 0-1½ DEVELOPMENTALLY

General:

- nurturance of physical and psychological needs such as attention, comfort, nourishment, acceptance, love and stimulation with predictability.
- good incorporations by the consistent adult, i.e., to be "given" unconditionally, particularly of what is human.
- proof and re-proof in the security of the child and the trust of self-others-world.
- protection from physiological and psychological discomfort in a predictable and orderly manner.
- adult assistance in undeveloped areas of reality testing and values, without stripping the child of her/his defenses.
- learning with here-and-now, concrete experiences with people and objects, i.e., gradual and safe exposure to strangers, sensori-motor activities, concepts of object constancy.

FIGURE 2-1-(cont.)

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- 1:1 attentions of a mothering adult without premature expectations of cooperative play with others, etc.
 - active experiences of the child with nurturing plants, animals and others.

Educational: all the above in addition to

- isolated or private territory and possessions of the child's own.
- activities that do not force this insecure child to accommodate to other children.
- trust that adult will tend to child's needs and assist when necessary.
- constant clarification of child's basic worth; concrete reflections of "goodness."
- follow-through on promises or hopes.
- constancy of important figure(s), as few as possible to generalize from.
- external motivation through adult's excitement, praise and reward.
- play to master object permanence with people and objects, i.e., letter or phone call when away, peek-a-boo and hide-and-go-seek games.
- activities with themes of losing-finding, feeding-caring-security, i.e., cooking.
- educational concepts of identification, labelling.
- sensori-motor learning: seeing, hearing, tasting, touching, moving, smelling to identify, discriminate, associate.
- stimulating objects for manipulation which are there to be chosen by the child for aiding the acquisition of cognitive and academic skills.
- music-arts-language-field trip activities; movement and senses.

FIGURE 2-1-(cont.)

-
- response by adult to the child's attempts to communicate, no matter how non-verbal or primitive.
 - use of records, tape-recorders and other non-direct attention-getting devices.
 - situations where this child can nurture and protect an even more vulnerably dependent or withdrawn child; "get by giving" approach.
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FIGURE 2-2

NEEDS OF THE STAGE II CHILD:
AGES 1½-3 DEVELOPMENTALLY

General:

- continued auxiliary ego and superego assistance from adults, structure and moral guidance, models for observation and imitation (social learning), figures with reality testing and values the child can later incorporate.
- safety in the human and object environment to assure the child (s)he can venture out and be along side (parallel play).
- limits that are reasonable and oriented at protecting the child physically and psychologically; tell the child why so (s)he can understand and later act on own.
- protection and help when child cannot cope or structure to insure success.
- encouragement of independence, active mastery, coping skills.
- praise and reflection of your pride at child's success.
- increased responsibility and decision-making options (choices) when appropriate so child can practice autonomous thought and some control over world with some degree of confidence.

FIGURE 2-2-(cont.)

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- respect of child's feelings, i.e., accepting anger, while offering 1) alternative actions, 2) verbal options, and 3) outlets in play.
 - successful experiences with separations from significant people; learning that they do return and having continuity in care while they were gone; letters, calls, souvenirs to prove this and develop memory.
 - reinforcement or special treatment for learning and doing.
 - adequate explanation and standard of reality to increase child's ego functions of memory, cause and effect, anticipation, etc.
 - adapting consequences to child's "crime," i.e., specific and reasonable limit and disappointment for a specific offense that makes sense to the child so that he can understand and act differently the next time.
 - not placing a lengthy, unrelated or physically aggressive consequence on the child; this only provokes and teaches anger and aggression.
 - impatience and criticism kept to a reasonable minimum.
 - allowance for the child to save face, not need to totally disarm or strip of defenses.

Educational: all the above in addition to

- encouragement of safe and stable peer(s) to entice this parallel player.
- opportunities to practice skills and explore; to constructively "be the boss" at times.
- time and place for play that is "anal," i.e., messing in sand, clay, paint, garden, water and cleaning up. hoarding, binding, collecting.
- cognitive activities to exhibit cause and effect, concrete serializing in size and sequencing in time, simple part-whole concepts.
- increasing body image through tracing of body and parts, photographs, hand prints, growth charts.

FIGURE 2-2-(cont.)

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- respect of the child's wanting to do work by herself/himself, choose what academics, etc. (s)he will do at certain times, etc.
 - several locomotion and body coordination activities or those to increase strength.
 - understanding "I won't" as "I can't" and, accordingly, helping the child do school work successful.
 - offering specific alternatives for the child's autonomous choice; own motivation for follow-through.
 - much language experiences and those developing other internal thought processes.
 - human and other carefree methods of interventions, i.e., imitation, childlike humor and exaggeration reflected, etc.
 - situations where this child can be the "doer" by helping a less able child in a skill or concept, i.e., help child put frustrations into words and effective behaviors rather than immediate, impulsive action.
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Grass, Kreger, 1978

FIGURE 2-3

NEEDS OF THE STAGE III CHILD:
AGES 3-6 DEVELOPMENTALLY

General:

- investigative play opportunities, encouragement of initiative (curious questions and play).
- answers geared to child's level of understanding, remembering (s)he is still just a child and not expecting her/him to function as a small adult.
- offering of safe, less threatening experiences for learning, i.e., concepts of death via pet fish.

FIGURE 2-3-(cont.)

-
- decreased childhood omnipotence; both good and bad effects explained by real causes, not the child's thoughts or actions.
 - guilt kept to a healthy minimum, not blaming child for adult problems or worldly occurrences.
 - child's play and freedom encouraged, not inhibited.
 - concrete reflections of worth, abilities and mastery.
 - extra-familial experiences, hobbies and other sublimatory alternatives.
 - models for sexual identification.
 - empathy development through sensitive example, helping child "feel for others" by using child as reference point, i.e., how would you feel if . . .
 - play at adult roles, learning about various family and community roles.
 - including child in family or other group as a valued child.

Educational: all the above in addition to

- small group activities, safe opportunities to compete and cooperate.
- continued activities in cognitive classification, seriation, sequencing, time and space concepts, language usage.
- many experiences to explore, experiment and problem solve.
- answers to questions and realistic relief of anxieties by experiences.
- structuring for the child to sometimes be the first, best, etc. realistically.
- taking advantage of separations, illnesses or deaths of plants and animals as learning experiences.
- learning about and playing at adult social and sexual roles

FIGURE 2-3-(cont.)

-
- appreciation of child's growing internal code of ethics, respect admissions of guilt, praise resistance to do wrong.
 - teaching, via peers, i.e., pointing out when others accommodate, etc.
 - opportunity to practice new-found mastery and value system by assisting a less capable and/or less morally oriented child on these skills and concepts.
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Grass, Kreger 1978

As can be seen, this intervention paradigm is designed to help insure that the child's developmental needs, as determined by the Grass/Kreger and/or Neubauer/Flapan Scales, are dealt with in a planned therapeutic manner. That is, the child can now be roughly assessed by the lay clinician as to his actual functioning levels in these realms and be helped according to his needs as indicated by his coping abilities. Only then will the child progress along quantitative and qualitative developmental dimensions in the hierarchy of stages. Once we make contact with the child's progressive pull and developmental movement is enacted along horizontal and vertical lines, the therapeutic intervenor can then adapt these need interventions to the child's new-found level of development. For as the child progresses, he no longer relies on the more primitive (i.e., oral vs. anal) level of adaptation, but will instead be using

advanced, stage-related, adaptive skills. Providing the child with his deserved developmental rights will enable him to maximize his internal self so as to minimize external disturbance.

In summary, it is hoped that our integrated developmental models for assessment and intervention will be useful in creating both therapeutic educational programs for children and training models for professionals. The authors are presently involved in research aimed at further validation of these models. Expansion and dissemination of this material will follow.

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